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FAMILY NAME: GABRIEL DELAY WAIVED (Y/N): Y
GIVEN NAME: JOCHEN DEMAND RECEIVED (Y/N): N
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APPLICATION TITLES:
NEEDLE ARRANGEMENT

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| SERIAL NUMBER 09/530,894 | FILING DATE 05/04/2000 RULE - | CLASS 604 | GROUP ART UNIT 3762 | ATTORNEY DOCKET NO. 870-003-123 | |
| APPLICANTS JOCHEN GABRIEL, STUTTGART, GERMANY; ULF POLZIN, LEINFELDEN, GERMANY; | | | | | |
| ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP98/07230 11/11/1998 | | | | | |
| ** FOREIGN APPLICATIONS ***** GERMANY 29720513.7 11/19/1997 | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/25/2000 - | | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials | STATE OR COUNTRY GERMANY | SHEETS DRAWING - | TOTAL CLAIMS 16 | INDEPENDENT CLAIMS 1 |
| ADDRESS 4955 | | | | | |
| TITLE NEEDLE ARRANGEMENT | | | | | |
| FILING FEE RECEIVED 840 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |